

**CLINTON CHRISTIAN ACADEMY
PHYSICAL EXAMINATION**

PARTICIPANT'S NAME _____ DATE _____

PHONE _____ HEIGHT _____ WEIGHT _____

EXAMINATION COMMENTS

EYES _____ EARS _____ THROAT _____

NOSE _____ ABDOMEN _____ HEART _____

SKIN _____ LUNGS _____ SCALP _____

EXTREMITIES _____ HERNIATION _____

PHYSICIAN'S RECOMMENDATIONS

AFTER MY EVALUATION, I GIVE:

MY FULL APPROVAL TO PARTICIPATE IN PHYSICAL ATHLETICS _____

LIMITED APPROVAL WITH THE FOLLOWING RESTRICTIONS: _____

DENIAL OF APPROVAL FOR THE FOLLOWING REASONS: _____

PHYSICIAN'S SIGNATURE _____

PRINT PHYSICIAN'S NAME _____

DATE OF EXAMINATION _____

PARENT INFORMATION

NAMES _____ PHONE _____

HOME ADDRESS _____

NAME OF INSURANCE CO. _____

INSURANCE CARD # _____

PLACE OF WORK _____ PHONE _____

MY CHILD(REN) HAVE PERMISSION TO RIDE WITH A COACH, ATHLETIC
DIRECTOR, OR ANOTHER PARENT TO ALL SPORTS EVENTS.

PARENT'S SIGNATURE(S) _____

Physicals are good for one year from the date of physician's signature.